



CANNON BUILDING  
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STATE OF DELAWARE  
BOARD OF ACCOUNTANCY

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**AFFIDAVIT OF SUPERVISED WORK EXPERIENCE**

**INSTRUCTIONS**

The supervisor of an applicant for a Delaware Accountancy Permit to Practice completes this form to verify the applicant's work experience under the supervisor. The supervisor must hold an active CPA Permit in good standing from Delaware or other jurisdiction.

**SUPERVISOR MUST RETURN THIS FORM *DIRECTLY* TO THE DELAWARE BOARD OF ACCOUNTANCY OFFICE.**

**APPLICANT INFORMATION – This section to be completed by applicant.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**EMPLOYER AFFIDAVIT – This section to be completed and signed by supervisor.**

1. Supervisor Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone: \_\_\_\_\_ Email: \_\_\_\_\_
4. State Where Supervisor Licensed: \_\_\_\_\_ Type of CPA License(s): ☐ Certificate ☐ Permit
5. Certificate Number: \_\_\_\_\_ Is this certificate active? ☐ Yes ☐ No If no, explain: \_\_\_\_\_
6. Permit Number: \_\_\_\_\_ Is this permit active? ☐ Yes ☐ No If no, explain: \_\_\_\_\_
7. Is the license in good standing? Yes ☐ No ☐ If no, explain: \_\_\_\_\_
8. Enter the dates the applicant named above was under your **direct** supervision. From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month/day/year month/day/year
9. Check one: ☐ Full-time Hours per Week: \_\_\_\_\_ ☐ Part-time Hours per Week: \_\_\_\_\_
10. Was the applicant's work performed in an adequate and professional manner? Yes ☐ No ☐ If no, explain: \_\_\_\_\_
11. Check each accounting duty that the applicant performed during the period he/she was under your supervision. For each item checked, describe in detail the duties performed. If you need more room, you may attach a separate sheet:
  - ☐ Accounting: \_\_\_\_\_
  - ☐ Attest: \_\_\_\_\_
  - ☐ Compilation: \_\_\_\_\_
  - ☐ Management Advisory: \_\_\_\_\_
  - ☐ Financial Advisory: \_\_\_\_\_
  - ☐ Tax: \_\_\_\_\_
  - ☐ Consulting Skills: \_\_\_\_\_

**AFFIDAVIT**

I declare and affirm under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief.

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

Signature of Notary: \_\_\_\_\_

SEAL

My Commission Expires: \_\_\_\_\_